

IN I	HE UNITED STATES	PAIENI	AND I KADEMAI	KK OFFICE
Applicant(s):	Randolph B. Lipscher,	et al.		
Title:	ELECTRONIC HEALTHCARE INFORMATION AND DELIVERY MANAGEMENT SYSTEM			
App. No.:	09/440,557	Filed:	November 15, 199	9
Examiner:	Robert W. Morgan	GAU:	3626	
Atty. Dkt. No.:	1039-0010 (Formerly 800435)			RECEIVED
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Commissioner f PO Box 1450 Alexandria, VA	22212 1450			CECUP 350
ADD	ON AND POWER OF A RESS, AND APPOINT! all previous powers of at	MENT OF I	NEW POWER OF	ATTORNEY
<i>A</i>	A Power of Attorney is su	bmitted here	with.	
<u>X</u> I	I hereby appoint the practitioners at Customer Number 34456.			
CHANGE OF	CORRESPONDENCE .	ADDRESS		
address associa	he correspondence add ted with Customer Nun		above-identified ap	plication to the
I am the:				
	Applicant/Inventor			
	Assignee of record of the distance of the dist			
Signature of Ap	plicant or Assignee of Re	cord:		
Name R Signature	Randolph Lipscher, Presid	lent and CEO	O of RECARE, INC.	
Signature _ Date	O-+ 30 5	7 () 2 (2 (1.5600
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*Total of <u>1</u> form is submitted.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Randolph B. Lipscher, et al.

Assignee:

RECARE, INC.

Title:

ELECTRONIC HEALTHCARE INFORMATION AND DELIVERY

MANAGEMENT SYSTEM

App. No.:

09/440,557

Filed:

November 15, 1999

Examiner:

Robert W. Morgan

GAU:

3626

Commissioner for Patents

Alexandria, VA 22313-1450

Atty. Dkt. No.: 1039-0010 (Formerly 800435)

NOV 1 8 2003

STATEMENT UNDER 37 CFR 3.73(b)

Dear Sir.:

PO Box 1450

RECARE, INC., a Texas Corporation states that it is the Assignee of the entire right, title and interest in the patent application/patent identified above by virtue of an assignment from the inventors of the patent application identified above. A copy of the assignment is attached.

The undersigned, whose title is supplied below, is authorized to act on behalf of the assignee.

(512) 874-5600

Telephone No.:

RECARE, INC.

Randolph Lipscher

President and CEO

NOV 2 0 2003

OFFICE OF PETITIONS